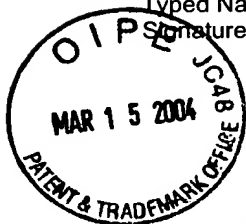


#5/B  
3/23/04  
Williams  
5/5/04

I hereby certify that this paper or fee is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450  
Date of Deposit: March 12, 2004  
Typed Name of Person Mailing Paper or Fee: KELLY Y. JOHNSON  
Signature: Kelly Y. Johnson

PATENT APPLICATION  
DOCKET NO. 10002909-1



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

Confirmation No. 6519

TRAVIS PARRY

Examiner: AU, Scott D.

Filed: 01/17/2001

Group Art Unit: 2635

Serial No. 09/765,123

Date: March 12, 2004

Title: WIRELESS MULTI-  
FUNCTION COMMUNICATION  
DEVICE

ASSISTANT COMMISSIONER FOR PATENTS  
Box Non-Fee Amendment  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RECEIVED**

MAR 17 2004

Technology Center 2600

Dear Sir/Madam:

Responsive to the Office Action mailed January 27, 2004, please enter the following:

A listing of Claims that begins at page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

IN THE  
UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Travis Parry

Confirmation No.: 6519

Application No.: 09/765,123 ✓

Examiner: AU, Scott D. ✓

Filing Date: 01/17/2001 ✓

Group Art Unit: 2635 ✓

Title: WIRELESS MULTI-FUNCTION COMMUNICATION DEVICE ✓

RECEIVED

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

MAR 17 2004

Technology Center 2600

TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Sir:

Transmitted herewith is/are the following in the above-identified application:

- (X) Response/Amendment ( ) Petition to extend time to respond  
( ) New fee as calculated below ( ) Supplemental Declaration  
(X) No additional fee (Address envelope to "Mail Stop Non-Fee Amendment")  
( ) Other: \_\_\_\_\_ (fee \$ \_\_\_\_\_)

CLAIMS AS AMENDED BY OTHER THAN A SMALL ENTITY						
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) NUMBER EXTRA	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEES
TOTAL CLAIMS	10	MINUS	20	= 0	X \$18	\$ 0
INDEP. CLAIMS	2	MINUS	3	= 0	X \$86	\$ 0
[ ] FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM					+ \$290	\$ 0
EXTENSION FEE	1ST MONTH \$110.00	2ND MONTH \$420.00	3RD MONTH \$950.00	4TH MONTH \$1480.00		\$ 0
OTHER FEES						\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 0

Charge \$ 0 to Deposit Account 08-2025. At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 08-2025 pursuant to 37 CFR 1.25. Additionally please charge any fees to Deposit Account 08-2025 under 37 CFR 1.16 through 1.21 inclusive, and any other sections in Title 37 of the Code of Federal Regulations that may regulate fees. A duplicate copy of this sheet is enclosed.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313-1450.

Date of Deposit: 03/12/2004

Typed Name: Kelly Y. Johnson

Signature: 

Respectfully submitted,

Travis Parry

By 

JOSEPH W. HOLLAND

Attorney/Agent for Applicant(s)  
Reg. No. 38,919

Date: March 12, 2004